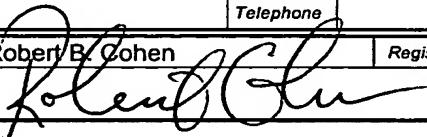
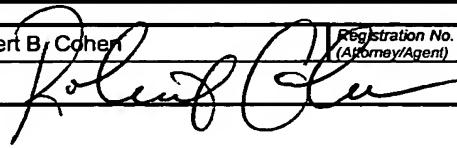


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. SONYJP 3.0-346 First Inventor Taku Aida Title SOFTWARE PROVIDING SYSTEM, SOFTWARE PROVIDING APPARATUS ANDMETHOD, RECORDINGMEDIUM, AND PROGRAM Express Mail Label No. EV313691461US			
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 41] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 17] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:		ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449) <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ 			
Prior application information: Examiner _____ Art Unit: _____		For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: 000530 OR <input type="checkbox"/> Correspondence address below					
Name: _____					
Address: _____					
City: _____		State: _____	Zip Code: _____	Fax: _____	
Country: _____		Telephone: _____			
Name (Print/Type)		Robert B. Cohen		Registration No. (Attorney/Agent)	32,768
Signature				Date	November 3, 2003

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Deposit Account Number <input type="text" value="12-1095"/> Deposit Account Name <input type="text" value="Lerner, David, Littenberg, Krumholz & Mentlik, LLP"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Large Entity</th> <th style="text-align: left; padding: 5px;">Small Entity</th> <th colspan="2" style="text-align: center; padding: 5px;">Fee Description</th> <th style="text-align: center; padding: 5px;">Fee Paid</th> </tr> <tr> <th style="text-align: left; padding: 5px;">Fee Code (\$)</th> <th style="text-align: center; padding: 5px;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">1051</td> <td style="text-align: left; padding: 5px;">130</td> <td style="text-align: left; padding: 5px;">2051</td> <td style="text-align: left; padding: 5px;">65</td> <td style="text-align: center; padding: 5px;">Surcharge - late filing fee or oath</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1052</td> <td style="text-align: left; 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padding: 5px;">210</td> <td style="text-align: center; padding: 5px;">Extension for reply within second month</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1253</td> <td style="text-align: left; padding: 5px;">950</td> <td style="text-align: left; padding: 5px;">2253</td> <td style="text-align: left; padding: 5px;">475</td> <td style="text-align: center; padding: 5px;">Extension for reply within third month</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1254</td> <td style="text-align: left; padding: 5px;">1,480</td> <td style="text-align: left; padding: 5px;">2254</td> <td style="text-align: left; padding: 5px;">740</td> <td style="text-align: center; padding: 5px;">Extension for reply within fourth month</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1255</td> <td style="text-align: left; padding: 5px;">2,010</td> <td style="text-align: left; padding: 5px;">2255</td> <td style="text-align: left; padding: 5px;">1,005</td> <td style="text-align: center; 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Name (Print/Type)	Robert B. Cohen		Registration No. (Attorney/Agent)	32,768																																																																																																																																																													
Signature			Telephone	(908) 518-6316																																																																																																																																																													
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